

DO NOT WRITE IN THE SPACE BELOW-FOR OFFICE USE ONLY

DATE RECEIVED _____ DATE REVIEWED _____ COMPLAINT # _____
INVESTIGATOR: _____

COMPLAINT FORM

WYOMING STATE BOARD OF RADIOLOGIC TECHNOLOGIST EXAMINERS
1800 Carey Avenue, 4th Floor
Cheyenne WY 82002
(307) 777-7788

Please Note: ANONYMOUS COMPLAINTS CANNOT BE ACCEPTED PER BOARD RULES AND REGULATIONS. Licensee is notified and a copy of the complaint is sent to the licensee as part of due process. All complaints must be signed.

PERSON REGISTERING COMPLAINT

NAME	PHONE NUMBERS
ADDRESS	HOME ()
CITY STATE ZIP	BUSINESS ()
HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD? YES <input type="checkbox"/> NO <input type="checkbox"/>	

COMPLAINT REGISTERED AGAINST

NAME
ADDRESS
CITY STATE ZIP

DETAILS OF COMPLAINT

1. DATE OF INCIDENT _____
2. HAVE YOU COMMUNICATED YOUR CONCERN TO THE TECHNOLOGIST? YES NO
IF YES, ON WHAT DATE AND BY WHAT MEANS: _____
3. DID THE TECHNOLOGIST RESPOND? YES NO
IF YES, WHAT WAS SAID OR DONE? _____

4. NAME, ADDRESS AND TELEPHONE NUMBER OF ANY ATTORNEY ASSISTING YOU:

